



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Providers Enrolled as Hospitals, Elderly or Disabled with Consumer Direction (EDCD) Waiver; Money Follows the Person (MFP), Technology Assisted (Tech) Waiver, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services (Private Duty Nursing, Personal Care and Attendant Care and MCO Carve Out School Services); Support Coordinators for Individual and Family Developmental Disabilities Support (DD) Waiver; Durable Medical Equipment and Supplies; and Managed Care Organizations Participating in the Virginia Medical Assistance Programs

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 6/15/2015

**SUBJECT:** Notification that KEPRO is Converting to Electronic Process for Submitting Service Authorization Requests – *Effective September 1, 2015*

The purpose of this memorandum is to notify providers of procedural changes in submitting service authorization requests to Keystone Peer Review Organization (KEPRO), the Service Authorization Administrator for the Department of Medical Assistance Services (DMAS). [This is the second of two memorandums related to changes for submitting requests to KEPRO.](#)

## **KEPRO is Converting to a Paperless Submission Process**

Effective September 1, 2015, the following program types must be submitted electronically utilizing KEPRO's provider portal Atrezzo Connect (also known as Atrezzo).

### **Service Types Effected**

0900 – EDCD Waiver – all services	0400 – Inpatient Hospital
0960 – Technology Assisted Waiver – respite, assistive technology, environmental modifications	0090 – EPSDT Private Duty Nursing
0909 – Money Follows the Person (MFP) – all services	0091 – EPSDT Personal/Attendant Care
0902 – Individual and Family Developmental Disabilities Waiver – all services	0098 – EPSDT MCO Carve Out Private Duty Nursing School Services

In order to successfully submit service authorization requests through KEPRO's web based portal Atrezzo Connect (also known as Atrezzo), providers must be registered and obtain a passcode for Atrezzo. The registration process for providers happens immediately on-line at the time of registration. To access

Atrezzo Connect on KEPRO's website, go to <http://dmas.kepro.com>. Detailed instructions on how to register, and training venues, are included in this memo.

### **Soft Roll Out Period - August 1 - August 31, 2015**

As part of the soft roll out period, providers are to begin registering now and submitting through Atrezzo starting August 1, 2015. *Effective September 1, 2015, all requests are to be submitted through the provider portal Atrezzo for the service categories listed in the table on page 1 of this memorandum.* Requests for the service types listed in this memorandum that are received via facsimile on and after September 1, 2015 will not be processed and providers will receive a fax back notification advising of the required method of submission. Providers will need to resubmit their request utilizing the Atrezzo provider portal and must meet timely submission guidelines.

In order to prepare for the fully electronic submission method, DMAS and KEPRO are working together to assure all providers are 1) registered with Atrezzo; and 2) are successfully trained to independently submit requests through the Atrezzo portal.

KEPRO will have staff dedicated to help with the registration process, and to navigate providers through portal submission processes. Regional training will take place throughout the Commonwealth. Additionally, on-site training at KEPRO's Richmond office will take place, and webinars will be offered as supplemental training guidance. Specific training dates and times are within this memo under ***Training Venues for Successful Atrezzo Portal Registration and Submission.***

### **How to Register for Atrezzo**

Provider registration is required to use Atrezzo Connect. The registration process for providers happens immediately on-line. To register, go to <http://dmas.kepro.com>, and click on "Register" to be prompted through the registration process. Newly registering providers will need their 10-digit Atypical Provider Identification (API) or National Provider Identification (NPI) number and their most recent remittance advice date for YTD 1099 amount. If you are a new provider who has not received a remittance advice from DMAS, please contact KEPRO at 1-888-827-2884 or [atrezzoissues@kepro.com](mailto:atrezzoissues@kepro.com) to receive a registration code which will allow you to register for KEPRO's Atrezzo Connect Portal. Atrezzo Connect User Guide is available at <http://dmas.kepro.com> : Click on the *Training* tab, then the *General* tab.

All submission methods and procedures are fully compliant with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state privacy and security laws and regulations. Providers will not be charged for submission, via any media type, for service authorization requests submitted to KEPRO.

Submitting through Atrezzo puts the request in the reviewer queue immediately. Service authorization checklists and/or questionnaires may be accessed on KEPRO's website to assist the provider in assuring specific information is included with each request.

### **Already Registered with Atrezzo but Need Help Submitting Requests**

Although many providers are registered with Atrezzo, some providers do not solely use the portal for submitting requests. It is imperative that providers currently registered use the portal for submitting all requests. For waiver and EPSDT providers, this includes admissions, discharges, continuation of care, change in hours, transfers, responding to pend requests, and all other transactions.

If you are already registered, you do not need to register again. Registered Atrezzo providers should begin using Atrezzo now to become acclimated to the electronic submission process. If you are successfully registered, but need assistance submitting requests through the portal, contact KEPRO at 1-888-827-2884 or [atrezzoissues@kepro.com](mailto:atrezzoissues@kepro.com).

If you are registered for Atrezzo, and forgot your password, please contact your administrator to reset your password or utilize the 'forgot password' link and respond to the security question to regain access. If additional assistance is needed by the administrator contact KEPRO at 1-888-827-2884 or [atrezzoissues@kepro.com](mailto:atrezzoissues@kepro.com).

If the person with administrative rights is no longer at your organization, contact KEPRO at 1-888-827-2884 or [atrezzoissues@kepro.com](mailto:atrezzoissues@kepro.com) to have a new administrator set up.

When contacting KEPRO please leave your full name, area code and phone number and best time to contact you. Additionally, providers are to take advantage of any of the training venues listed within this memorandum.

### **Additional Information for Ease of Electronic Submission**

In order to make this transition to electronic submission easier for the providers, KEPRO and DMAS are working on the following:

- 1) Rules Driven Authorization (RDA) – these are a set of clinical criterion questions that will automatically populate in a questionnaire when requesting certain services or with specific diagnostic codes. If you see a questionnaire pop up, you must respond to the questions. The responses given by the provider must reflect what is in the member's documented record. If the responses match the criterion for the specific service or diagnosis, the case will bypass a reviewer and be approved, and automatically batch for transmission to MMIS. If the responses do not match the specific criterion, the case will go to a reviewer's queue which will follow the normal review process. If criteria are not met, then the request will go to the physician's queue and a physician will review the case and make a final determination.
- 2) Attestations – All providers will attest electronically that information submitted to KEPRO is within the member's documented record. If upon audit, the required documents are not in the record, and the provider attested that they were present, retractions may be warranted as well as a referral to the Medicaid Fraud Control Unit within the Office of the Attorney General.
- 3) Questionnaires – for waiver providers, KEPRO and DMAS are reconfiguring current questionnaires so they are shorter, require less information, take less time to complete and are more user friendly.

### **Training Venues for Successful Atrezzo Portal Registration and Electronic Submission**

DMAS and KEPRO are offering multiple training sessions. Providers may choose any training venue. The first two venues require registration.

#### ***1. DMAS Regional On Site Provider Training:***

DMAS and KEPRO will provide regional on site trainings across the Commonwealth during July. Once these trainings are scheduled you will be able to access the locations, dates, and times, and register for these sessions, by visiting the following link [www.dmas.virginia.gov](http://www.dmas.virginia.gov). From the right hand menu select *Upcoming Training Events*; under *Training Letters* open the letter entitled ***How to Register and Submit***

***Requests Electronically Through KEPRO's Provider Portal Atrezzo*** and select the registration link within that corresponds with the session you wish to attend. The links will open the WebEx registration page to the training scheduled for that day and time.

## ***2. KEPRO On Site Provider Training:***

KEPRO will host (6) on site Provider Trainings at their Richmond office location

2810 N. Parham Road, Suite 305  
Richmond, VA 23294

Training dates and times at KEPRO's location are:

Monday July 20, 2015 9AM-12PM	Monday July 20, 2015 1PM-4PM
Tuesday July 21, 2015 9AM-12PM	Tuesday July 21, 2015 1PM-4PM
Wednesday July 22, 2015 9AM-12PM	Wednesday July 22, 2015 1PM-4PM

To register for these on site trainings at KEPRO, send email notification to [vaproviderissues@kepro.com](mailto:vaproviderissues@kepro.com), indicating the following information: Provider/Organization name, API/NPI#, selected training session, number of attendees, and contact information.

## ***3. KEPRO Webinars***

KEPRO will host (12) webinar trainings to train and assist providers on how to utilize the Atrezzo Provider Portal in submitting an initial request, change request and/or how to respond to a pend request for additional information. Click on the training link with dates and times for the Atrezzo webinar trainings: <http://kepro.adobeconnect.com/r1lgwzleqx8/>

**To hear audio, you must dial in to the conference call line: 866-754-2932; use code 6815237722**

**KEPRO webinar training dates and time are:**

Tuesday August 4, 2015 10AM-12PM	Thursday August 6, 2015 2PM-4PM
Tuesday August 11, 2015 10AM-12PM	Thursday August 13, 2015 2PM-4PM
Tuesday August 18, 2015 10AM-12PM	Thursday August 20, 2015 2PM-4PM
Tuesday August 25, 2015 10AM-12PM	Thursday August 27, 2015 2PM-4PM
Tuesday September 1, 2015 10AM-12PM	Thursday September 3, 2015 2PM-4PM
Tuesday September 8, 2015 10AM-12PM	Thursday September 10, 2015 2PM-4PM

No registration is required to attend online webinar sessions.

## **General Information for All Providers**

- All acute hospital requests must be submitted within one business day of admission.
- For non-hospital providers, requests for continued care are to be made within 30 days of the current authorized end date.
- There are **no** automatic renewals of service authorizations.
- Providers must submit requests for continuation of care needs, with supporting documentation, prior to the expiration of the current authorization.

- If a request is pended, the provider must submit all information timely in response to the pend. All information must be submitted at one time since the request will be reviewed and processed upon initial receipt of the pended information.
- Providers must verify member eligibility prior to submitting the request. There are several mechanisms available for providers to verify member eligibility, i.e. DMAS Provider Helpline, MediCall and/or the Virginia Medicaid Web Portal.
- Authorizations will not be granted for periods of member or provider ineligibility.
- There is no retroactive authorization period, except in instances of member's retroactive Medicaid eligibility.
- Providers must submit a service authorization request under the appropriate service type.

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#### **COMMONWEALTH COORDINATED CARE**

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at [http://www.dmas.virginia.gov/Content\\_pgs/altc-enrl.aspx](http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx) to learn more.

#### **MANAGED CARE ORGANIZATIONS**

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at [http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx).

#### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

#### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273 Richmond area and out-of-state long distance  
1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.